

# **EXHIBIT E-5**



## Expatriate Exam Recommendations GO-1769

**Examiner:** When completed, please forward to the Chevron regional medical manager office checked below:

- ☐ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA, USA 94583  
☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622  
☒ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA  
☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583  
☐ Other Chevron Medical Facility: \_\_\_\_\_

### Part A –Examinee Information

For medical confidentiality, please complete one form per examinee. If the examinee is a dependent, please complete Part B below

|  |                    |    |                   |                                       |   |  |
|--|--------------------|----|-------------------|---------------------------------------|---|--|
| Last Name<br>SNOOKAL                   | First Name<br>MARK | MI | CAI<br>MVZM       | Birth Date (mm/dd/yyyy)<br>[REDACTED] | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female | Examinee ID                                  |
| Job Title<br>IEA RELIABILITY TEAM LEAD |                    |    | Operating Company |                                       | Current Work Location<br>EL SEGUNDO, USA                                    | Destination Location<br>ESCRAVOS,<br>NIGERIA |

### Part B: Chevron Employee Information

If the examinee is a dependent, please complete this section with the Chevron employee information.

|  |                   |                       |                      |
|--|-------------------|-----------------------|----------------------|
| Last Name                                    | First Name        | CAI                   | Chevron Employee ID  |
| Job Title                                    | Operating Company | Current Work Location | Destination Location |
| Number of dependents in Host Location: _____ |                   |                       |                      |

### Part C – OpCo / Business Unit Contact – Human Resources, Sponsor (if applicable), other.

|                 |           |  |
|-----------------|-----------|--|
| Name            | Phone No. | Date (mm/dd/yyyy)                      |
| Contact Address | City      | State/Province Postal/Zip Code Country |

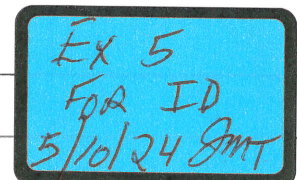
### Part D – Examination - The recommendation below is based on a review of the medical history and physical examination.

Exam Type: INITIAL EXPAT EXAM (ROTATIONAL)  
 Date of Exam (mm/dd/yyyy): 07/24/2019 Exam Location: MEL DEL RAY  
 State/Province: CALIFORNIA Country: USA

#### Disposition

☒ **Employee**  
☐ FIT for Duty  
☒ NOT FIT for Duty  
 Describe: REMOTE LOCATION. CAN BE CLEARED FOR ASSIGNMENT IN LAGOS  
☐ FIT for Duty with Limitation(s) (list below and provide estimated duration of limitations)  
 Describe: \_\_\_\_\_  
☐ Failed to comply with requested evaluations  
 Describe: \_\_\_\_\_  
 Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other \_\_\_\_\_

☐ **Dependents**  
☐ Cleared  
☐ Not Cleared  
 Describe: \_\_\_\_\_  
☐ Cleared with Limitation(s) (list below and provide estimated duration of limitations)  
 Describe: \_\_\_\_\_  
☐ Failed to comply with requested evaluations  
 Describe: \_\_\_\_\_  
 Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other \_\_\_\_\_



|  |                 |                                 |
|--|-----------------|---------------------------------|
| Examiner Name (please print)<br>DR. ASEKOMEH ESHIOFE | Signature<br>   | Date (mm/dd/yyyy)<br>08/15/2019 |
| Address<br>CHEVRON HOSPITAL                          | City<br>WARRI   | State/Province<br>DELTA         |
|  | Postal/Zip Code | Country<br>NIGERIA              |

GO- 1769 (9-13)

**SNOOKAL-01099**

**EXHIBIT E-5-1**